MARSHALL COUNTY E 9-1-1 TEST PLAN

Marshall County ETSB began its E 9-1-1 testing program April 8, 2000. Volunteer fire and ambulance personnel service our entire coverage area. They were all very active on our ad hoc committee and were key to the success of our referendum. They are now providing the manpower in the testing stage.

We have assigned each of the fire and ambulance service specific areas in the County and asked that they cover those areas house by house and business by business. We have instructed the volunteers to first ascertain the correct information about the occupants, ask the occupant to dial a test number (5-1-1) where other volunteers will be stationed at our call taking equipment to compare the information printed on the call takers screen with the information collected at the site.

Further, we have scheduled these calls to be made at certain times on certain days so as not to overwhelm our 4 trunk lines and our call takers. At the completion of each test call the volunteer in the field will leave a questionnaire with the occupant seeking additional information that they would like us to know when they dial 9-1-1. That questionnaire is then to be mailed to our Coordinator so that information can be entered into the database. Also, our call takers will check off the address and phone number against our MSAG making notations where corrections are necessary. That information will then be corrected on the MSAG and a volunteer will be sent back to the residence at a later date to make retry the call to make certain the correct information appears on the call taker's screen.

It is our plan to visit a minimum of 90% of the phone premises in Marshall County to conduct this test.

Attached:

Copy of Test Plan

Testing Schedule

Copy of Questionnaire left on premise

MARSHALL COUNTY 9-1-1 TESTING SIGN UP SHEET

DATE / TIME	TOWNSHIP - WEST	DEPARTMENT	TOWNSHIP - EAST	DEPARTMENT
April 8 - 10:00 AM	WHITEFIELD		BENNINGTON	
April 9 – 3:00 PM	STEUBEN		EVANS	
April 12 - 6:00 PM	HENRY		EVANS	
April 15 - 10:00 AM	HENRY		BELL PLAIN	
April 16 - 3:00 PM	HENRY		BELL PLAIN	
April 19 - 6:00 PM	SARATOGA		ROBERTS	
April 22 - 10:00 AM	LA PRAIRIE		ROBERTS	
April 26 – 6:00 PM	WHITEFIELD		RICHLAND	
April 29 – 10:00 AM	SARATOGA		HOPEWELL	
April 30 - 3:00 PM	STEUBEN		LACON	
May 3 - 6:00 PM	LA PRAIRIE		LACON	
May 6 - 10:00 AM	HENRY		LACON	
May 7 - 3:00 PM	HENRY		BENNINGTON	
May 10 - 6:00 PM	HENRY		EVANS	
May 13 - 10:00 AM	STEUBEN		BELL PLAIN	
May 14 - 3:00 PM	WHITEFIELD		ROBERTS	
May 17 - 6:00 PM			RICHLAND	
May 20 - 10:00 AM	WEST SIDE CLEAN UP		HOPEWELL	
May 21 - 3:00 PM	WEST SIDE CLEAN UP		LACON	
May 27 - 10:00 AM	WEST SIDE CLEAN UP		EASTSIDE CLEAN UP	
May 28 - 3:00 PM	WEST SIDE CLEAN UP		EASTSIDE CLEAN UP	
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PLEASE ALSO LIST THE VOLUNTEER'S NAME & PHONE NUMBER ON THE BACK OF THE SHEET. IF YOU SIGN UP FOR A SHIFT AND ARE THEN UNABLE TO REPORT, PLEASE ATTEMPT TO FIND YOUR OWN REPLACEMENT. ANY QUESTIONS OR PROBLEMS PLEASE CONTACT JIM GRAY (309) 246-2911.

WE APPRECIATE YOUR HELP

Marshall County Emergency Telephone System Board

Dear Marshall County Resident:

We are nearly ready to activate the Enhanced 9-1-1 system for Marshall County. We need your assistance to complete our planning and turn on your emergency service. The person who presented you with this form is a volunteer emergency service provider, giving of his or her time to help us complete this monumental task. Their visit to you today is for two purposes.

First, they will ask you to dial a test number (5-1-1) into the 9-1-1 Call taking center located at the Marshall County Sheriff's Department. Then they will talk to the call taker at the center to be certain the information appearing on the computer screen is, in fact, the correct information about you and your household.

The second reason for their visit is to leave this form with you to fill out. On the reverse side are some questions which, if you answer them fully, will help us to provide you with the quickest and best emergency services possible. This information will be maintained in the strictest of confidence. I am the only person who will see this form. I will enter the information into our computer system and then the form will be shredded. The only time anyone will see your info is if you dial 9-1-1 for emergency service.

Please answer each question that applies to you and feel free to write down any additional information that you feel may assist us in providing emergency service to you and your family.

Thanks for your cooperation. We hope to have Enhanced 9-1-1 emergency phone service available to you very soon.

Sincerely, .

Jina Gray

E 9-1-1 Coordinator

MARSHALL COUNTY E 9-1-1 INFORMATION APPLICATION



I REQUEST THE FOLLOWING INFORMATION BE ENTERED INTO THE MARSHALL COUNTY E 9-1-1 SYSTEM TO BE USED IN CASE OF AN EMERGENCY. I UNDERSTAND THIS INFORMATION WILL BE ATTACHED TO MY TELEPHONE NUMBER FOR THE PURPOSE OF PROVIDING THE MOST APPROPRIATE AND EFFICIENT EMERGENCY RESPONSE AVAILABLE. THIS INFORMATION WILL NOT BE MADE ACCESSIBLE TO THE PUBLIC OR ANY PERSON NOT AUTHORIZED TO RECEIVE IT.

Name:				Date of Birth	ı:			
		Apartment #						
City:				_Telephone #	!			
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Other Residents in the Home:		Name:				· · · · · · · · · · · · · · · · · · ·		
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Authorized by:					Thursday.			
Authorized by.	Must be signed by an	Date:						
Return Form To:		, Coordinator County E 9-1-	1					
	520 Sixth	•	1					
	Lacon II							